Foster Family Home - Corrective Action Report

Provider ID:

1-514936

Home Name:

Rosalinda Lopez, RN

Review ID:

1-514936-3

92-6001 Puapake Street

Reviewer:

Kapolei

HI 96707

Begin Date:

10/5/2015

End Date: 10/7/15

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1)

Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person recertification review made on 10/5/15. Corrective Action Report issued during home visit with all items due to CTA by 11/5/15.

6.(d)(1) - see applicable sections of the review

Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.

Foster Family Home

Background Checks

[17-1454-7.1]

7.1.(a)(2)

Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1.(a)(2) - Second year (2014) APS/CAN not done until 2015 for CG #1, CG #2, and CG #3.

3 Person Staffing

3 Person Staffing Requirements

[17-1454-41] (3P)

41.(3P)(a)(4)

A current Certified Nurses Aide or Nurse Aide certificate plus one year of experience in a home setting. If the certificate is expiring within the next 30 days, evidence of a new certificate must be provided. Substitute caregivers have a minimum of one year work experience as a caregiver in a community residential setting or in a medical facility,

Comment:

41.(3P)(a)(4) - CG #2, CG #3, and CG #4 need job experience forms.

Compliance Manager Score O Stephen O Stephen O Stephen O

Primary Care Giver

Date

Date

10/5/2015 16:39 PM

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Mr. David Ayling, Fin Compliance Manager Community Ties Of America ,Inc 45-955 Kaméhameha Hwy #300 Kaneohe,Hi 96744

Date 10/7/15

7.1 (a) 2 showed Cta current APS/CTA for caregiver # 1,caregiver #2, caregiver #3 on day of certification 10/05/2015.

Placed all items with Expiration dates (APS ,CAN, and CPR) on my Computer calendar lists.

4.1(3p) (a) (4)- sent Cta job experience forms for caregiver #2, caregiver #3, caregiver 4 on 10/07/2015.

Sincerely yours,

Recalinda C. Lipay NN 10/7/2019

Rosalinda & Lopez, AN Date

Primary Caregiver

Address: 92-6001 Puapake Street

Kapolei, Hawali 96707

